GP Obstetric Shared Care
Do you send women off to hospital with a plan for shared care, only to find they never come back?
We encourage you to promote GP Obstetric Shared Care and your services as a GP.
As GPs we are not used to marketing ourselves however we do offer great services and GP Obstetric
Shared Care provides a great way to grow our practices and enjoy well patients.
GP Obstetric Shared Care is a great model of care for women and GPs.

Explain the benefits of shared care to women:
• continuity of care for women and their growing families
• a one stop shop for all needs.
• able to avoid long waits in busy hospital waiting rooms
• no expensive car parking

GPs rightly have their own policy regarding charges for shared care. Explain these to women.
Perhaps there is a gap ‘cap’ for pregnancy care? Some GPs have bulk billing arrangements with
radiology providers. Pathology and radiology will be outsourced by hospitals usually.
Remember if a woman wants GP Obstetric Shared Care ensure she insists on this when booking.
As GPs we encourage you to use the shared care referral form (available from the website at this link)
http://www.gppaustralia.org.au/resources/Obstetric-Shared-Care#program_resources-page_1-node-397
This makes it clear to the referring hospital the intention for the patient to be in shared care.
Make the most out of being part of the GP Obstetric Shared Care Program.

New Version: - Pregnancy Hand Held Record (Orange Book)
The South Australian Pregnancy Record is available free of charge to all antenatal providers in South
Australia. SAPR, Version 7 will be available in January 2015. The order form is available on the website
at this link http://www.gppaustralia.org.au/services/osc
When you receive your new order please return all old versions to - Rhonda Pfeiffer, Manager
Medical Records and Information SA Health, PO Box 287 Rundle Mall, Adelaide 5001
Clinical Updates from 10th September Haematology Issues in Pregnancy

During her presentation on Anaemia, pre, during and after pregnancy Dr Kathryn Robinson made the following points:

- Normal physiology in pregnancy - increase in red cell mass 20-40% and increase in plasma volume 40-50% thus physiological haemodilution can result in a relative "anemia"
- There is no agreed normal range for Hb in pregnant women in Australia. Our Perinatal Practice guidelines have the following range
  - Hb < 110g/L in first trimester
  - Hb < 100 in second and third trimesters
- Anaemia is not a diagnosis, causes include:
  - Decreased red cell production - iron deficiency, thalassemia, B12/folate deficiency
  - Increased red cell loss - GI, PV, hookworm, antenatal blood donation
  - Increased red cell destruction - sickle cell disease, pre-eclampsia
- Iron supplementation in pregnancy is not routinely recommended. Women at risk of anaemia include:
  - previously completed one or more pregnancy
  - adolescents
  - Indigenous Australians
  - recent Immigrants
  - Also consider poor iron intake, GI disorders, bariatric surgery, menorrhagia, regular blood donors and women who refuse blood transfusions.
- Pregnant women with Iron deficiency anaemia should be prescribed a therapeutic dose of elemental iron (100-200 mgs/daily). Response should be monitored and if inadequate, IV iron should be used.
- Increasing dietary iron without formal supplementation is inadequate to treat frank iron deficiency anaemia.
- In pregnant women with iron deficiency without anaemia, a lower dose of elemental iron (20-80 mgs/daily) may be considered and may be better tolerated.

Oral preparations for treatment of Iron Deficiency in Australia - a useful colour chart is available at the following website:

- Haemoglobinopathy carrier testing is recommended and should be discussed as part of pre-conception/antenatal care in the following individuals
  - A family history of anaemia/thalassaemia/abnormal Hb variant
  - With any of the following ethnic backgrounds - Southern European, Middle Eastern, African, Chinese, SE Asian, Indian subcontinent, Pacific Islander, NZ Maori, South American and some WA and NT Australian Indigenous communities.
  - Partners of known or identified haemoglobinopathy carriers
  - When MCV < 80fL or MCH < 27pg

Test partners of at-risk women at the same time as the pregnant woman where possible

Useful website: https://www.bloodsafelearning.org.au
Clinical Updates from 18th October Accreditation Seminar

Management of Low PAPP-A

Management of women with a low PAPP-A and normal chromosomes has now been included in the South Australian Perinatal Practice Guidelines and is available at the following website

http://www.sahealth.sa.gov.au/wps/wcm/connect/067b598044c1bda7b0a5fd3f59363f11/Management+of+women+with+low+PAPP-A_July2014.pdf?MOD=AJPERES&CACHEID=067b598044c1bda7b0a5fd3f59363f11

PAPP-A is a large glycoprotein produced by the placenta and decidua thought to have several functions including:

- Prevention of recognition of the fetus by the maternal immune system
- Angiogenesis

A low PAPP-A is descriptive of poor early placentation and may result in adverse pregnancy outcomes such as:

- Mid trimester miscarriage
- Fetal growth restriction
- Intrauterine fetal death
- Preterm birth
- Preeclampsia

An abnormal PAPP-A is defined as a maternal serum PAPP-A concentration < 5th percentile, with increased frequency of adverse obstetrical outcomes noted below this level.

The Pregnancy, Babies and Children’s Expo will be held from the 10th-12th April 2015

As part of the promotional strategy for the program the GP Obstetric Shared Care Program will again have a stand at this event providing an opportunity to advertise to the wider community.

Pregnancy SA Infoline

Following feedback at the Update Day on the 9th August, regarding lengthy waiting times on the 1300 Pregnancy Infoline, an approach was made to SA Health. A time in motion study has been performed and it has been reported that the average wait time is only 2-3 minutes, except on a Monday morning or on the day after a Public holiday. We suggest you keep this in mind when using the 1300 number or informing patients to ring for a booking.

Attendance at CPD Events

In 2014 CPD events have been very popular and we have reached record numbers for attendance over the year. Unfortunately some GPs have booked for events and then failed to attend on the day. This prevents other GPs who want to attend from doing so and it wastes food which is an unnecessary expense from a catering point of view. If you have booked for an event and are then not able to attend please notify us as soon as possible on 81121100.
CPD Events for 2015 – the events for the first half of the year are as follows:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
<th>Facilitator</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Diagnosed – What Next?</td>
<td>9th February 2015</td>
<td>6.30pm to 9pm</td>
<td>GP OSC Advisors</td>
<td>GP partners Australia</td>
</tr>
<tr>
<td>Accreditation Seminar</td>
<td>14th March 2015</td>
<td>8.30am to 4pm</td>
<td>Multiple Speakers</td>
<td>Adelaide Pavilion</td>
</tr>
<tr>
<td>Continence Matters in Pregnancy and Beyond</td>
<td>25th March 2015</td>
<td>6.30pm to 9pm</td>
<td>Drs Samantha Pillay, Ailsa Wilson Edwards and Joy O’Hazy</td>
<td>GP partners Australia</td>
</tr>
<tr>
<td>Immunisation and Travel in Pregnancy</td>
<td>5th May 2015</td>
<td>6.30pm to 9pm</td>
<td>A/Prof Helen Marshall</td>
<td>GP partners Australia</td>
</tr>
<tr>
<td>Update Day</td>
<td>16th May 2015</td>
<td>8.30am to 4pm</td>
<td>Multiple Speakers</td>
<td>Grange Golf Club</td>
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<tr>
<td>Accreditation Seminar</td>
<td>20th June 2015</td>
<td>8.30am to 4pm</td>
<td>Multiple Speakers</td>
<td>Adelaide Pavilion</td>
</tr>
</tbody>
</table>

Contact Janet Salamon at GP Partners Australia if you wish to attend any event: jsalamon@gppaustralia.org.au or phone: (08) 8112 1100

On behalf of all staff involved in the GP Obstetric Shared Care Program, we would like to wish you all a very Merry Christmas and a prosperous and safe New Year! We also thank you for your support during 2014 and we look forward to working with you all again in 2015.

*If you have any comments or possible news items, please contact Janet Salamon: jsalamon@gppaustralia.org.au*